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Screening and Access to Services for Physical and Behavioral Health. Section ___/# ___	Ana Dutcher Quality Assurance Manager	7/29/2013	11/20/19	Page 1 of 14

Approved By: Mohamad Khraizat	Title: Health Operations Manager
Signature:	Date: 6-9-2020

I. POLICY

The policy of the ACCESS Community Health and Research Center (CHRC) ensures timely access to behavioral and physical health services for individuals and their families seeking assistance via telephone or face-to-face. ACCESS ensures the provision of a helping and welcoming environment for individuals seeking assistance. ACCESS welcomes individuals and their families through outreach and onsite by engaging them in recovery-oriented, hopeful, and integrated services which addresses both behavioral and physical health within the context of the person-centered planning process.

ACCESS welcomes all individuals and ensures access to services for those who do not have any ability to pay for services and who meet the criteria for coverage by the appropriate funding sources.

ACCESS individuals will have freedom from abuse, exploitation of all kinds (financial or other), retaliation, humiliation, and neglect as they engage in the various program services. They will be provided quality services in a safe and accessible environment

II. PURPOSE

The purpose of this policy is to delineate and describe program standards and expectations for access and admissions to the various programs available at ACCESS CHRC which will include physical and behavioral healthcare.

III. APPLICATIONS

This policy applies to all ACCESS employees, interns and volunteers who provide support and treatment on behalf of the ACCESS Community Health and Research Center.

IV. PROCEDURES

A. ACCESS TO SERVICES

1. Community outreach and education engage the community-at-large regarding the services available and how to access services. Regular community outreach efforts focus on increasing awareness of issues such as domestic violence and recognition of individual's contributions to ACCESS or the Arabic Community at-large. There is an annual conference on health issues in Arabic communities that brings local and international recognition to the treatment services. Outreach includes underserved or hard-to-reach populations, including children and families, older adults, homeless persons, members of ethnic, racial, linguistic, and culturally-diverse groups.
2. Services are provided in outpatient settings located at the Schafer Building, 6451 Schafer Road, Dearborn, MI 48126, the Maple Building, 6450 Maple Road, Dearborn, MI 48126, Hope House 6470 Williamson St., Dearborn, MI 48126 and the Macomb Site 4301 East 14 Mile Road, Sterling Heights, MI 48310.

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3. Hours of operation are Monday through Friday, 9 AM to 5 PM. After-hours emergency services are provided by the Access Center. In case of medical emergency, clients/patients are informed by the answering machine to hang up and dial 9-1-1. Individuals receive hours of operation and after-hours emergency telephone numbers during the orientation to services in the first face to face meeting. Some services will have additional hours of services described within individual program guide of operations.
4. Frequency of services are based on a person-centered plan and the fees and the specific services offered depend on the insurance benefits in which the consumer participates.
5. ACCESS CHRC shares information about the scope of services with the person served, families and their support system per consumer choice, referral source, payers and funding source other relevant stakeholders and the general public. Scope of service is reviewed annually, and updates are shared
 - a. Services are designed and implemented to:
 - i. Support the recovery, health, or well-being of the persons or families served.
 - ii. Enhance the quality of life of the persons served.
 - iii. Reduce symptoms or needs and build resilience.
 - iv. Restore and/or improve functioning.
 - v. Support the integration of the persons served into the community.
6. ACCESS has two points of entry. The first point of entry is during daytime hours through the by telephone (the Schafer Building at 313-945-8138, the Maple Building at 313-216-2200, the Clubhouse 313-633-1361 or walk-in.
7. The second point of entry for behavioral health is the Access Centers 24/7-day in Wayne County at 800-241-4949.

B. REMOVING BARRIERS TO SERVICES/ACCOMODATIONS

1. ACCESS works with individuals, families, stakeholders, local communities, and other community partners to address barriers to using the access system, including those caused by lack of transportation. Primarily, individuals are referred to public transportation or Medicaid funded transportation and are assisted with bus passes. For all options see the Exhibit- Transportation Plan for details.
2. Accessibility to ACCESS Behavioral Health is facilitated by the ACCESS Accessibility Plan (see Accessibility Plan in Exhibits).
3. ACCESS accommodates individuals with communication impairments. All services, programs or activities shall be accessible and usable to individuals with communication impairments. Communication aids, alternative communication, including a qualified sign language interpreter or

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augmentative communication specialist, shall be provided for individuals and family members, and others who are involved in the provision of services and treatment. Provision shall not depend on a request by the individual or their representative.

4. ACCESS also accommodates individuals with visual and mobility impairments. Accommodations/modifications have been made such that programs are accessible and usable by individuals with disabilities.
5. Accommodations shall be made at the expense of the ACCESS to
 - a. Meet the individual's needs
 - b. Be compliant with requirements of the Americans with Disabilities Act of 1990
 - c. Afford accessibility to the building work site and any areas used by individuals and
 - d. Enable individuals to perform all essential program functions
6. Staff shall be provided with periodic training on resources and technology available for individuals with communication limitations/impairments.

C. CREATING A WELCOMING ENVIRONMENT

1. ACCESS will provide:
 - a. a welcoming environment for individuals seeing services on a telephone or walk in basis
 - b. screening and eligibility determinations
 - c. collection of data and reporting decision-making activity
 - d. referrals to appropriate behavioral health practitioners
 - e. provision of information about all the available behavioral health and substance abuse services
 - f. awareness to individuals and providers about information on due process rights under the all funding sources as appropriate
 - g. outreach conducted to under-served and hard to reach populations
 - h. accessibility to the community at large
2. Policies and procedures reflect all funding sources' and ACCESS' expectations that all individuals receive services that are:
 - a. welcoming
 - b. recovery-oriented
 - c. trauma-informed
 - d. person/family-centered
 - e. provided in the least restrictive environments
 - f. integrated

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3. Ensure appropriate accommodations, including:
 - a. individuals with LEP and other linguistic needs
 - b. diverse cultural and demographic backgrounds
 - c. visual impairments
 - d. assistance for individuals who are unable to read or understand written materials, and have alternative needs for communication
 - e. mobility challenges
4. Treatment services are accessed via telephone or walk-in during the hours of operation.

D. BEHAVIORAL HEALTH SCREENING AND APPOINTMENTS

1. Behavioral health screening and crisis intervention do not require prior authorization or any financial contributions from the person being served. Access Centers ensure the telephone lines are toll-free, accommodate Limited English Proficiency (LEP), and have electronic caller identification. Ensures that callers do not encounter telephone "trees" (multiple prompts required before reaching a live voice) and are not put on hold or sent to voicemail until they have spoken to a live empathetic representative who has determined that their situation is not urgent or emergent:
 - a. Access Centers 24/7-day at Wayne County at 800-241-4949
2. ACCESS ensures admission access to an appropriate and defined array of services based upon available resources for those individuals who meet target population criteria. However, waiting lists may be utilized as a last resort based upon available resources on non-Medicaid clients.
3. ACCESS utilizes the needs assessment process to collect and analyze data on an ongoing basis regarding available accessibility to program services and the needs of all individuals receiving services. This data will be used to evaluate and facilitate improvements in the service delivery system.
4. Applicants are screened by telephone or walk-ins through face-to-face contact who approach the program site to determine whether they are in crisis and, if so, assure that they receive timely and appropriate services/supports. The screening and coverage determination process is completed with individuals who are accepted for services and who will have access to the person-centered planning process.
5. ACCESS staff promotes community inclusion, recovery, hope, and individual empowerment. This information includes but is not limited to:
 - a. Consumer/Survivor/Ex-Patient groups
Self-help Groups
 - b. Peer Supports
 - c. Local community advocacy groups
 - d. Transportation services

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- e. The broader ACCESS programs
 - f. Prevention programs
 - g. Family and other Natural Supports
6. ACCESS ensures behavioral health services applicants are offered appointments for assessments with a behavioral health professional of their choice within seven (7) days for individuals discharged from inpatient settings and fourteen days (14) days for all other non-emergent requests for outpatient behavioral health services, per the MDHHS/PIHP and CMHSP contract-required standard timeframes.
 7. ACCESS ensures each applicant's eligibility for Medicaid specialty services and supports, Health Michigan, MI Child, or uninsured or private insurances, and presenting as a person whose current needs for behavioral health services make them a priority to be served. Ensure that applicants who are eligible for Medicaid, Healthy Michigan, or MI Child are not placed on a waiting list.
 8. ACCESS ensures that the provision of a timely, effective response to all applicants/individuals who walk in: individuals with an urgent or emergent need shall receive intervention immediately. Individuals with routine needs shall be screened or arrangements made within 30 minutes.
 9. ACCESS ensures that information and education that is relevant to the needs of the persons served is provided to clients and their family. This information focuses on medical, housing, mental health, alcohol, and other drug issues; relationships; life skills, etc. Education is provided during the intake orientation and on an ongoing basis via case management through individual discussions, the internet, resource listing and pamphlets available in the waiting room.
 10. Each person served receives an orientation that is provided in a timely manner based on:
 - a. The person's presenting condition
 - b. The type of services provided
 - c. Is understandable to the person served
 - d. Is documented
 - e. Includes, as applicable:
 - i. An explanation of the rights and responsibilities of the persons served
 - ii. Complaint and appeal procedures
 - iii. Ways in which input can be given
 - iv. The organization's:
 1. Confidentiality policies
 2. Intent/consent to treat
 3. Behavioral expectations of the person served
 4. Transition criteria and procedures.
 5. Discharge criteria
 6. Response to identification of potential risk to the person served.
 7. Access to after-hour services
 8. Standards of professional conduct related to services

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9. Requirements for reporting and/or follow-up for the mandated person served, regardless of his or her discharge outcome
 10. Any and all financial obligations, fees, and financial arrangements for services provided by the organization
 11. The program's health and safety policies regarding:
 - a. The use of seclusion or restraint – not applicable at ACCESS
 - b. Use of tobacco products
 - c. Clients under the influence
 - d. Illegal or legal substances brought into the program.
 - e. Prescription medication brought into the program.
 - f. Weapons brought into the program.
 - g. The program rules and expectations of the person served, which identifies the following:
 - h. Any restrictions the program may place on the person served.
 - i. Events, behaviors, or attitudes and their likely consequences.
 - j. Means by which the person served may regain rights or privileges that have been restricted.
 - f. with the premises, including emergency exits and/or shelters, fire suppression equipment, and first aid kits.
 - g. Education regarding advance directives, when indicated.
 - h. Identification of the purpose and process of the assessment.
 - i. A description of:
 - i. How the person-centered plan will be developed.
 - ii. The person's participation in goal development and achievement.
 - iii. The potential course of treatment/services.
 - iv. How motivational incentives may be used.
 - v. Expectations for legally required appointments, sanctions, or court notifications.
 - vi. Expectations for family involvement.
 - vii. Identification of the person(s) responsible for service coordination.
11. ACCESS ensures that applicants are assigned to the appropriate provider through preference/random defaults utilizing a standard assessment and screening tool to facilitate timely access to community behavioral health services/inpatient hospitalizations.
12. ACCESS ensures that Families are
- a. Encouraged to participate in educational programs offered by the organization via flyers posted on the community resource bulletin board and provided to individuals during sessions
 - b. Invited to participate in clinical programs or services with the persons served, with consent or legal right
13. ACCESS face to face assessment for psychiatric and addictive services includes:
- a. Screening each individual and determine eligibility for services
 - b. Evaluating the needs of eligible individuals-based severity and urgency of need

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- i. PHQ-9
 - ii. LOCUS
 - iii. CAFAS
 - iv. ASAM
 - c. Evaluating and appropriately address all emergent/urgent/crisis situations
 - d. Problem/key issues
 - e. Risk assessment
 - f. History or prior services
 - g. Duration of symptoms
 - h. Functional impairment
 - i. Substance abuse screening
 - j. Develop behavioral history (for children)
14. ACCESS ensures the provision of Early Periodic Screening, Diagnostic and Treatment (EDSDT), corrective or ameliorative services, and active outreach efforts throughout their communities to assure that those in need of behavioral health services are aware of service entry options and encouraged to make contact.
15. ACCESS avoids duplication of screening and assessments by using assessments already performed and by forwarding information gathered during the screening process to the provider receiving the referral, in accordance with applicable federal/state confidentiality guidelines (e.g. 42 CFR Part 2 for substance use disorders).
16. Ensure the individual met the Admission Criteria for Behavioral Health Services
17. Diagnostic Admission Criteria
- a. The patient is assessed as meeting the diagnostic criteria as defined by the current DSM. All new admissions from Wayne County must be screened prior to receiving service at ACCESS.
18. Dimensional Admission Criteria
- a. Admission to level of care requires meeting specifications in all of the following areas:
 - b. The patient denies being suicidal
 - c. The patient denies being homicidal
 - d. The patient is motivated for treatment
 - e. The patient has accessibility to services rendered with accommodations
 - f. There are no alternatives for less services
 - g. The treatment required by the patient is appropriate to the intensity and restrictions of care provided by the agency
 - h. The patient agrees to work on a person-centered plan towards goals towards improving the patient's condition and includes the projected timetable for attainment of these goals
 - i. The patient agrees to a set discharge criterion set forth from the beginning of treatment

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19. Services Provided – are based on accepted practice in the field and incorporate current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus
 - a. Therapy
 - b. Case Management
 - c. Psychiatry
 - d. Clubhouse
 - e. Peer Services
 - f. Supportive Employment
20. Eligible applicants are never denied access to services based upon individual/family income or third-party payer source
21. If substance abuse screening is positive, referral to ACCESS Substance Abuse program
22. If Crime victim screening is positive, referral to ACCESS VOCA program (VOCA Guidelines MDCH)
23. If suspecting a victim of torture, referral to the Psychosocial Rehabilitation Center for Victims of Torture
24. ACCESS ensures the provision of a written (hard copy or electronic) screening decision of the person's eligibility for admission based upon established admission criteria. The written decision shall include:
 - a. Identification of the presenting problem(s) and need for services and supports
 - b. Initial diagnosis that qualifies the person for public behavioral health and substance use disorder services and supports
 - c. Legal eligibility and priority criteria (where applicable)
 - d. Documentation of any emergent or urgent needs and how they were immediately linked for crisis services
 - e. Identification of screening disposition and rationale for system admission or denial
25. When a person is found ineligible for services:
 - a. The person is informed as to the reasons they are found ineligible
 - b. In accordance with the choice of the person if permission is given
 - i. Family/support system is informed as to the reasons
 - ii. The referral source is informed as to the reasons
 - c. Recommendations are made for alternative services
26. If a person is identified as being in crisis, demonstrating behavior which is perceived by the ACCESS staff, or others as potentially dangerous, threatening, unstable, unpredictable, or concerning, they likely need crisis intervention. Staff will follow protocol found in the Consumers and Staff Safety Policy.

E. PHYSICAL HEALTH APPOINTMENTS

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1. Scheduling will be done to allow the smoothest, most efficient way of moving patients through the clinic. Since it isn't always possible to gauge how much time will be needed for an individual appointment, employees will be expected to be considerate of those waiting and inform them that they will be seen as soon as possible. If a long delay is expected, those waiting should be informed and given the opportunity to leave for a short time or reschedule.
2. Allergy injections can be scheduled any time that a provider is in the building. Patients must be advised before they consent to an allergy shot(s) that they or their child, if the child is receiving the shot(s), are expected to wait thirty (30) minutes after receiving the shot(s) and to report any reaction to a nurse. Patients who wish to be released before the thirty (30) minute rule must sign an Against Medical Advice form. Minor patients will not be given an allergy shot if they are not accompanied by their parent or guardian.
3. Reception staff will attempt to confirm appointments for both Behavioral and Physical Health Services.

F. ORIENTATION TO SERVICES

1. BEHAVIORAL HEALTH

- a. Inquire as to the existence of any established Medicaid or psychiatric advance directives relevant to the provision of services
- b. Provide Medicaid, Healthy Michigan and MI Child beneficiaries' information about the local dispute resolution process and the State Medicaid Fair Hearing process.
- c. Provide individuals with behavioral health needs or persons with co-occurring substance use/behavioral disorder with information regarding the agency's Office of Recipient Rights (ORR) and the ORR through the CAs.
- d. Provide applicants with a summary of their rights guaranteed by the Michigan Behavioral Health Code, including information about their rights to second opinion, PCP, and ensure that they have access to the pre-planning process as soon as the screening and coverage determination processes have been determined
- e. Ensure the individual receives a welcoming packet that is understandable to the person served.
- f. When the information is available, the amount, scope and duration of benefits available under the individual's insurance contract is provided to the individual and where applicable, their guardian, in sufficient detail to ensure that the beneficiary/individual understand the benefits to which they are entitled. The ACCESS Behavioral health staff shall encourage the individual to confirm their benefits with their insurer.



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- g. If the individual has Medicaid or General Fund coverage, the individual/new enrollee and where applicable, their guardian shall be informed of the Detroit Wayne Mental Health Authority, Access Center (Pioneer), and MCPN service structures. The individual shall be given information about the MCPN Networks affiliated with ACCESS Behavioral health. The staff shall use the Authority's Individual Directory (found on the shared drive) to provide information about the MCPNs' network of providers and services. If the individual is not assigned to an MCPN, the individual or guardian shall be asked to select an MCPN. The individual will also be given the telephone number for the Authority's Customer Service.
- h. Upon completion of the orientation, the ACCESS behavioral health staff shall contact the individual's insurance for authorization for treatment and billing instructions. If the individual has Medicaid or General Fund benefits, the staff shall contact the Access Center (Pioneer) to enroll the new individual and obtain the individual's behavioral health Wellness Information Network identifiers/MHWIN Number. This information will be added to the clinical record with the Ability to Pay form(s).

2. PSYCHOSOCIAL REHABILITATION CLUBHOUSE

- a. Referral packet is received from the primary provider, and it includes referral form, psychiatric evaluation and IPOS. ACCESS Clubhouse director reviews packet for appropriateness of referral. Once packet is reviewed and individual appears to be meeting the criteria for membership, the Clubhouse invites the future member to an intake appointment.
- b. New members are provided with the policies and procedures developed by the members. ACCESS Clubhouse follows The International **Standards** for Clubhouse Programs (TM), consensually agreed upon by the worldwide Clubhouse community.

3. PHYSICAL HEALTH

- a. A copy of the Client Rights and Responsibilities will be posted in the reception area. Complaints will be referred to the Administrator immediately. ACCESS believes your rights and responsibilities are an important part of providing quality health care. We consider you a partner in your health care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible.

4. PLAN AND REFERRALS

- a. Staff is qualified, credentialed, and trained consistent with the funding source requirements. Staff are routinely trained and updated at least annually and as needed regarding alternatives to public behavioral, physical health or substance abuse services and the resources available to meet individual basic needs.

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- b. Ensure that individuals in the target population are given timely access to public health services and supports. Ensure effective coordination between all internal and external providers.
- c. Ensure that all individuals with behavioral health needs who are not Medicaid beneficiaries and are denied community behavioral health services, for whatever reason, are notified of the right under the Behavioral Health Code to request a second opinion and the local dispute resolution process. Schedule and ensure a timely second opinion, when requested, from a qualified healthcare professional within the network or arrange for the person to obtain one outside of the network at no cost. A face-to-face determination shall be arranged as requested.
- d. Ensure that crisis/emergent calls are immediately transferred to a qualified health practitioner without requesting the individual to call back.
- e. Ensure documentation of any third-party payer source(s) for linkage to an appropriate referral source, either in-network or out-of-network.
- f. Ensure that the individual and any referral source (with the person's consent) are informed of the reasons for denial, and ensure they receive appropriate alternative services and supports or disposition.

5. PHYSICAL HEALTH SPECIALTIES

- a. The provider will determine the medical necessity of this referral and have the nurse practitioner or behavioral health specialist make the referral appointment.
- b. The front desk staff or behavioral health specialist will schedule the appointment and inform the patient of this referral.
- c. The appointment will be recorded in patient's chart.
- d. Appropriate notes, labs, and test results will be faxed or mailed to the Specialist.
- e. X-rays will be either mailed or hand carried by the patient to the appointment.
- f. When the report is received, the provider will review and initial the report.
- g. The report will be given to the medical assistants to be filed into the chart.
- h. The front desk staff or behavioral health specialist will call for any reports which are overdue

6. BEHAVIORAL HEALTH WAITING LISTS

- a. ACCESS maintains a waiting list as a last resort, based upon available financial resources for individuals in the "shall serve" population who request community behavioral health services but cannot be immediately served
- b. ACCESS ensures that individuals placed on a waiting list are not retained on the list for longer than one year.
- c. ACCESS reviews each individual on the waiting list regularly, at least quarterly, and reprioritize according to the severity and urgency of need.

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- d. ACCESS provide written notice to all individuals placed on the waiting list within three business days, including the following:
- i. Service for which the individual is on a wait list
 - ii. Instructions on what the individual should do if his/her situation changes, clinically or in its coverage
 - iii. Explanation of the opportunity to request (verbally or in writing) a review of the decision to be placed on the waiting list (include all pertinent details, e.g., address, phone number, etc.)
 - iv. Explanation that individuals have fourteen (14) days from the date of the letter to request a review
 - v. Explanation of the review completion process, which must be done within seven (7) days of receiving the request
 - vi. Explanation that review decisions will be mailed to the individual
- e. ACCESS ensures that the review of individuals on the waiting list is conducted by a behavioral health professional with a current valid license in the State of Michigan and with the minimum of a master's degree in the behavioral health field.
- i. Remove all the following categories of individuals from the waiting list:
 - i. Individuals served
 - ii. Individuals who obtain Medicaid
 - iii. Individuals who move out of Wayne County
 - iv. Individuals who are unable to be contacted (phone or mail, or emergency contact name)
 - v. Individuals who request to be removed
 - ii. Contact individuals on the waiting list at least quarterly to determine if they wish to stay on the list or if they have experienced any change in their situation.
 - iii. Routinely monitor provider capacity to accept new individuals and be aware of any provider organization not accepting referrals at any time.
- f. Ensure tracking and monitoring of all referral outcomes and source, either in-network or out-of-network.
- g. Comply with Waitlist Management Protocols

V. QUALITY ASSURANCE/IMPROVEMENT

- A. ACCESS' Safety Committee building representative routinely monitors the physical accessibility of the office site, the physical appearance and adequacy of the waiting room as well as the office space and

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records room on a monthly basis and reports issues and concerns to the committee. The committee will then place work orders in order to correct any problems that are noted.

- a. Safety Committee Representative:
 - i. Monitors member complaints for the service site
 - ii. Conducts site visit to document and address the complaint and reports to the building manager
- b. Building manager works with the Safety Representative to correct the issue
 - i. Conducts Follow up visit 60 days after the correction was made
 - ii. Evaluates the effectiveness of the actions at least twice a year
 - iii. Documents follow up visits and outcomes
- B. ACCESS' Quality Assurance Manager, along with the IT department, measures telephone answering rates, call abandonment rates, timeliness of appointments and referrals utilizing a call log. Resulting performance compliance concerns are addressed by the program director as well as the Utilization Review/Utilization Management Committee.
- C. ACCESS ensures that the access system maintains medical records in compliance with state and federal standards.
- D. ACCESS reviews and monitors contractor adherence to this policy as one element in its network management program, and as one element of the Quality Improvement Performance Improvement Plan-Goals and Objectives.
- E. ACCESS' quality improvement program must include measures for both the monitoring of and continuous improvement of the program or process described in this policy.

VI. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS Employees, interns and volunteers are bound by all applicable local, state, and federal laws, rules, regulations, and policies, all federal waiver requirements, state, and county contractual requirements, policies, and administrative directives in effect and as amended.

VII. LEGAL AUTHORITY AND REFERENCES

Michigan Behavioral Health Code, as Revised 1996: Section, 330, 1228

Michigan Department of Community Health, Medicaid Provider Manual, Revised October 1, 2014

Authority policies refer to the most recent policy at the time of writing:

- Access to Services
- Individual Plan of Services/Person-Centered Planning
- Local and Alternate Dispute Resolution
- Medicaid Fair Hearing
- Second Opinion of Request to contractor/subcontractors for behavioral health services

MDCH/CMHSP Managed Specialty Supports and Services Contract:

- Attachment 4.5.1.1: Person-Centered Planning Best Practice Guidelines (attached)
- Attachment 4.7.4.1: Grievance and Appeal Technical Requirement



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Service for Survivors of Torture Program, Office of Refugee Resettlement, Administration for Children and Families, US Department of Health and Human Services

- Torture Survivors Program (TSP)
- Determination of eligibility for the ORR TSP
- Victims of Crime Act, Crime Victim Assistance Grant Program
- Office of Justice Programs
- Office for Victims of Crime, Justice

VIII. EXHIBITS

Access to Services - Screening Decision Tree
Accessibility Plan 2013
Agency Benefit Plan FY 13
Agency Benefit Plan FY 13 Changes 9-25-12
Agency Benefit Plan - Attachments 11-30-12
DWMHA Access to services for Individuals with Co-Occurring Disorders April 2012
DWMHA General Fund Waiting List for Applicants 12072011
DWMHA General Fund Waiting List for Existing Customers 12072011
Intake Screening Tracking Log 5-10-13
Intended Beneficiary (Individual) Orientation FY13
Intended Beneficiary Feedback Evaluation Form
Orientation for New Clients Checklist
Orientation Welcoming Packet
Orientation Welcoming Video Link
ORR Eligibility determination guidelines – 2010
ORR FINAL TSP ELIGIBILITY FORM 9-17-2010
ORR Services for Survivors of Torture Website
Pioneer - Access Center PowerPoint for ACCESS 10-22-12
Safety Policies and Precautions and Client Responsibilities
SED Eligibility Checklist
SMI Eligibility Checklist
Transportation Policy 2013
VOCA Compensation Application
VOCA Guidelines
VOCA Guidelines MDCH
VOCA Pamphlet
VOCA Screening